OCT 1 4 2008

Pax: 805.499,8011

Amgen Inc.

AMGEN

Facsimile Cover Sheet

One Amgen Center Drive
Law Department, MS 28-2-C
Thousand Oaks, CA 91320-1799
Phone: 805.447.1000

Date:

October 14, 2008

To:

Mail Stop Amendment

Attn: Michael Szperka

Commissioner for Patents

Group Art Unit 1644

Company:

United States Patent & Trademark Office

Phone:

Facsimile:

571-273-8300

From:

Robert B. Winter

Telephone:

(805) 447-2425

Facsimile

(805) 499-8011

Copies to:

Number of pages:

21 pages transmitted including facsimile cover sheet. If all pages are not received,

please contact Nola Diamond at (805) 447-2677.

Comments:

U. S. Serial No. 09/211,297, Amgen Docket No. A-451M

The following items are included in this response:

- 1. Fee Authorization/Amendment Transmittal (1 pg/1 original & 1 copy)
- 2. Response to Office Action (9 pgs)
- 3. Exhibit A (Declaration of John Sullivan) attachment to the Response (9 pgs)

THIS TRANSMISSION MAY CONTAIN CONFIDENTIAL AND / OR PRIVILEGED INFORMATION INTENDED SOLELY FOR THE ADDRESSEE. IF YOU ARE NOT THE ADDRESSEE, ANY DISCLOSURE OR USE OF THIS INFORMATION BY YOU IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY US IMMEDIATELY.

RECEIVED FAX NO. 8054998011

OCT 1 4 2008

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL Attorney's Docket No: A-4511							A-451M		
Serial No.	Filing D	ate	Examiner Michael	Group Art Unit			,		
09/211,2	09/211,297 December 14, 1998 Szperka, Michael E. 1644								
In Re Application of William J. BOYLE									
For Antibodies to Osteoprotegerin Binding Proteins									
TO THE COMMISSIONER FOR PATENTS: Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):									
One r	month of origina	al due di	ate (\$130.00)						
∐ Two r	The months of original due date (\$490.00)								
☐ Three months of original due date (\$1,110.00) ☐ Four months of original due date (\$1,730.00)									
Four months of original due date (\$1,730.00) Five months of original due date (\$2,350.00)									
⊠ A respons	se in connectio	n with th	e matter for whi	ch this extension is	reque	sted:			
	d herewith.								
	een filed.								
☐ Thor	ocnones is the	filing of	a continuing ap	olication, the prior	applica	tion havi	ing an e	express	
ohan	danment candi	tioned o	n the granting of	a filing date to the	contin	luing app	Jucauor	1.	
☑ The acco	mpanving pape	ers inclu	de amended cla	ims for which no a	adition	ai tee is	rednire	a .	
☐ The acco	mpanying pape	ers inclu	de amended cla	ims the fee for whi	ch has	been ca	alculate	d as follows:	
The accompanying papers include amended claims the fee for which has been calculated as follows: CLAIMS AS AMENDED									
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	remaining		Previously paid	paid claims present Rate Fee					
1	After for								
Total Claims	amendment 11	Minus	42 =	0	×	\$52		\$ 0.00	
Indep. Claims	2	Minus	4 =	0	Х_	\$220	=	\$ 0.00	
First Appearance of a multiple dependent claim + \$390 = \$0.00									
		Total /	Additional Fee fo	r this Amendment				\$ 0.00	
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If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.									
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior									
amendment or the number of claims originally filed.									
☐ The following other fees are incurred by the accompanying papers.									
☐ Other:									
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$1,110.00. A duplicate copy of this petition is attached.									
If an additional extension of time is required, please consider this a request therefore.									
The Commissioner is hereby authorized to charge any additional fees, which may be required by the									
accompanying papers, or credit any overpayment to Deposit Account No. 01-0315.									
Please Send Future Correspondence To:									
21069									
LLS Patent Operations/RRW Robert B. Winter									
Dept 4300 M/S 28-2-C Attorney/Agent for Applicant(s)									
AMGEN INC. Registration No.: 34,458									
One Amgen Center Drive Phone: (805) 447-2425 Pate: October 14, 2008									
Thousand Oaks, California 91320-1799, USA Date: October 14, 2008									

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby carchy that this paper (along with any reterred to as being attached or embos	ed) is being facsimile manamitted to the United States Paters and Trademark Office on the
date shown below:	Comand of Sall
October 14, 2008	Signature

RECEIVED CENTRAL FAX CENTER NO. 8054998011

OCT 1 4 2008

PATENT APPLICATION

In Re Application of William J. BOYLE For Antibodies to Osteoprotegerin Binding Proteins TO THE COMMISSIONER FOR PATENTS: Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): One month of original due date (\$130.00) Two months of original due date (\$490.00) Three months of original due date (\$4,110.00) Four months of original due date (\$1,730.00) Four months of original due date (\$1,730.00) Four months of original due date (\$1,730.00) Four months of original due date (\$2,350.00) A response in connection with the matter for which this extension is requested: is filed herewith. has been filed. The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. The accompanying papers include amended claims for which no additional fee is required. The accompanying papers include amended claims the fee for which has been calculated as follows: CLAIMS AS AMENDED (1) (2) (3) (4) (4) (5) (6) (7) Additional fee is required. Fee amendment Total Claims 11 Minus 42 = 0 x \$52 = \$0.00 Total Additional Fee for this Amendment Total Claims 2 Minus 4 = 0 x \$220 = \$0.00 First Appearance of a multiple dependent claim + \$390 = \$0.00 The "Highest Number Previously Paid For" In THIS SPACE is sess than 20, write "20" in this space. If the "Highest Number Previously Paid For" In THIS SPACE is sess than 20, write "20" in this space. If the "Highest Number Previously Paid For" In THIS SPACE is sess than 20, write "20" in this space. The "Highest Number Previously Paid For" In THIS SPACE is sess than 20, write "20" in this space. If the "Highest Number Previously Paid For" In THIS SPACE is sess than 20, write "20" in this space. If the "Highest Number Previously Paid For" In THIS SPACE is sess than 20, write "20" in this space. If the "Highest Number Previously Paid For" In THIS SPACE is sess than 20, write "20" in this space. If the "Highest Number Previously Paid F	FEE AUTHORIZATION / AMENDMENT TRANSMITTAL Attorney's Docket No: A-451M							51M			
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If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "3" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed. The following other fees are incurred by the accompanying papers. Other. Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$1,110.00. A duplicate copy of this petition is attached. If an additional extension of time is required, please consider this a request therefore. The Commissioner is hereby authorized to charge any additional fees, which may be required by the											
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